

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE X09 20 277 437

SL 28555

62-029118
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7183

VS 300
Rev. 4/59

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281508

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		JUL 31 1962 915 N. Grand, St. Louis, Mo. VET. ADM. HOSPITAL		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Kansas b. COUNTY Kiowa c. CITY OR TOWN Greensburg d. STREET ADDRESS (If outside, give location) 208 W. Ohio	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H. RUSS			4. DATE OF DEATH Month Day Year July 21 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/8/92	9. AGE (last birthday) 70	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Man - Gas Company
11. BIRTHPLACE (City and state or country) Bethany, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME CHARLES W. RUSS		13b. MOTHER'S MAIDEN NAME NANCY L. KELLEY		14. NAME OF HUSBAND OR WIFE LILA M. RUSS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I			17. INFORMANT Address Lila M. Russ (Wife), Same add. as 2.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLI WITH SECONDARY PNEUMONIA DUE TO (b) SQUAMOUS CELL CARCINOMA OF NOSE DUE TO (c) 1903 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 18 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. Attended the deceased from 5/29/62 to 7/21/62 and last saw him alive on 7/21/62 Death occurred at 5:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) MAY ROBINOWITZ M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7/21/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-22-1962	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		23d. LOCATION (City, town, or county) Greensburg, Kansas	
24. FUNERAL DIRECTOR The Florissant Mortuary, Florissant, Mo.		25. DATE RECD. BY LOCAL REG. JUL 23 1962		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene Sputchens

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.